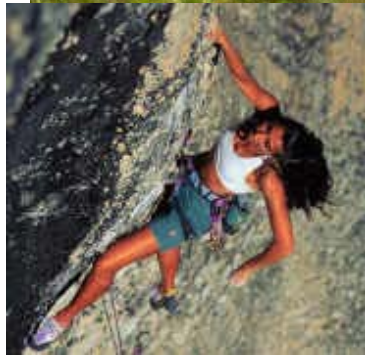


# Crews Into Shape

U.S. Navy/Marine Corps Team Wellness Contest



## Leader Notes



The word " leadership" comes from the Anglo-Saxon root Laedare which means to lead people on a journey. The team leaders have the most important job in this contest. Keeping the team motivated and inspired is a tough job. The following pages will help define what you will need to do as team leader and give you some tools to help you in your conquest. If you run out of ideas or have questions contact the contest director Lori Tubbs at [tubbsl@nehc.med.navy.mil](mailto:tubbsl@nehc.med.navy.mil), 757-462-5585, DSN 253-5585 or Lynn Kistler at [kistlerl@nehc.med.navy.mil](mailto:kistlerl@nehc.med.navy.mil), 757-462-5439, DSN 253-5439.

### Leader Responsibilities

1. Sign up between 4 and 10 members per team.
2. Help team pick team name.
3. Make sure each member fills out the Health and Fitness History/Registration form and make sure they get it to you (the leader).
4. Make sure everyone on team is familiar with the contest goals and rules before the start of the contest.
5. Weigh-in the team at the beginning, and end of the program. You may opt to weigh in every week but those numbers do not have to be turned in. This would also be a good time for team meeting. Please keep in mind that a persons weight is confidential.
6. Fill out the start-up report for your team and get it to the NEHC contest director before the start of the contest.
7. Collect exercise logs every week from teammates. You may just want them to e-mail you on how many days and for how many minutes each day they exercised, ate 5 A Day and drank appropriate water. Have them calculate their ideal daily water intake.
8. Fill out final report and submit on time to the NEHC contest director at the end of contest.
9. Make sure you understand contest rational, importance for readiness, administrative duties and resources available to you so you can pass support and educational information on to team members.





## Health and Fitness History /Registration Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Team: \_\_\_\_\_ Command: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Height \_\_\_\_\_ ft \_\_\_\_\_ inches

2. Weight \_\_\_\_\_ lbs

3. Age: \_\_\_\_\_

4. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

5. Are you taking any medications or drugs? Y N

6. If you answered Yes to Number 5 has your doctor cleared you to participate? Y N

### Do you now, or have you had in the past:

7. History of heart problems, chest pain or stroke. Y N

8. Difficulty with physical exercise. Y N

9. Advice from a physician not to exercise. Y N

10. Recent surgery (last 12 months). Y N

11. Increased blood pressure. Y N

12. Muscle, joint, or back disorder, or any previous injury still affecting you. Y N

13. Pregnancy (now or within the last 3 months). Y N

14. History of breathing or lung problems. Y N

15. Diabetes or thyroid condition. Y N

16. Increased blood cholesterol. Y N

17. History of heart problems in immediate family. Y N

18. Any condition that may be aggravated by lifting weights. Y N

19. Please explain any yes answers on back



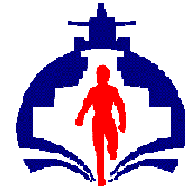
I \_\_\_\_\_(print name) of \_\_\_\_\_(unit name) agree to voluntarily participate in the Crews Into Shape program. I understand that I will be required to participate in a pre and post program weigh-in and exercise 30 minutes 5 days a week. I am aware of the scoring system and understand it. I certify that I do not have a medical problem that would prohibit daily exercise such as walking. I will consult a doctor before I do any physical activity if I am not sure if I can participate. I, the below signed, intend to be legally bound for myself, my heirs, executors and administrators waive and release all rights and claims for damages and personal injury that I may have against any sponsoring organization, their employees or any individual connected with this contest and assign for any and all injuries suffered by me in participating in the Crews Into Shape program. I have read the Health and Fitness History form. I hereby certify that I have answered "no" to all the questions and that I have no other medical reason why I should not participate in this program. If I answered "yes" to any of the questions, I agree to seek my doctor's guidance and approval prior to beginning any exercise program described in this manual.

Signature\_\_\_\_\_

Witness\_\_\_\_\_

Date:\_\_\_\_\_ Turn this into team leader.

## Crews Into Shape Contract



I, \_\_\_\_\_ (print name),  
hereby declare that in support of \_\_\_\_\_ (team name), I choose to  
participate and have committed myself to this contest.

My exercise & nutrition goal is: To exercise 30 minutes 5 days a week and eat 5 or more  
fruits & vegetables per day, as well as drinking appropriate amounts of water daily.

My short-term (4 weeks) weight goal is:

\_\_\_\_\_

My long-term (6 month) weight goal is: (after  
program) \_\_\_\_\_

I choose the following accountability partner:

\_\_\_\_\_

My helper's responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My reward for reaching my goals (not food):

\_\_\_\_\_  
\_\_\_\_\_

My punishment for not staying on track with my goals is:

\_\_\_\_\_  
\_\_\_\_\_

I will review my progress on a weekly basis and will make the appropriate changes based  
upon my progress.

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

Partner's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Crews Into Shape Registration Form



Team Name\_\_\_\_\_

Date of Submission\_\_\_\_\_

Captain's Name\_\_\_\_\_

Phone #\_\_\_\_\_E-Mail\_\_\_\_\_

Last, First Name (print)

Beginning Weight

Goal Weight

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

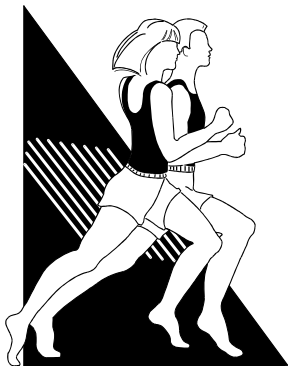


\* Please list all names alphabetically

\* Leaders are responsible for the confidentiality of this sheet

\* Leaders need to keep a copy of form for your records

Team Leader Signature:\_\_\_\_\_



Crews Into Shape  
Weekly Report  
Reports 1-4 for Leader  
Week # \_\_\_\_\_



Team Name \_\_\_\_\_

Date of Submission \_\_\_\_\_

Captain Name \_\_\_\_\_

Phone # \_\_\_\_\_

Last, First Name (print)      # of Days ate 5 F&V servings \*      # Days Exercised\*\*      Water/day\*\*\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

\*F & V = Fruits and Vegetable

\*\* Exercise has to be 30 minutes/session or accumulated to be able to count that day.

\*\*\*Record 1 per day if individual drank appropriate amounts of water that day, based on calculation.

Please list all names alphabetically

Leaders are responsible for the confidentiality of this sheet

Leaders need to keep a copy of form for your records

Team Leader's Signature \_\_\_\_\_

Contest Director only:

Date received\_\_\_\_\_

Report was on time Yes\_\_\_\_ or No\_\_\_\_

Extra Points\_\_\_\_\_





Crews Into Shape  
Final Report  
Report #4 for Leader



Team  
Name: \_\_\_\_\_



Date of Submission: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name	Ending Weight	# days drank H2O	# days exercised for the week (4)	# days ate 5 Fruits & Veg. servings for the week
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

- Please list all names alphabetically
- Leaders are responsible for the confidentiality of the sheet
- Leaders keep a copy of this form for your record
- Team Leader's Signature: \_\_\_\_\_

Week #	Exercise, 5 A Day And Water Log		Name: _____ Date: _____		
	Calculated Water Intake 1 point/day	Exercise Activity	Exercise Minutes	Fruits and Vegetable - Log: List amount (i.e. $\frac{1}{2}$ cup fruit/vegetable) and type of Fruits & vegetables for the day.	Total # of F & V for Day
Mon.					
Tue.					
Wed.					
Thurs.					
Fri.					
Sat.					
Sun.					
	Total # for Week is _____	Total # of days I exercised for 30 Minutes for the week _____		Total # of days I ate 5 f & V during this week is _____	

## Crews Into Shape Evaluation



1. How would you rate the overall challenge?

- A. Excellent
- B. Good
- C. Average
- D. Below Average

Comments: \_\_\_\_\_

2. Would you want to participate next year?

- A. Yes
- B. No

Comments: \_\_\_\_\_

3. Has this challenge helped you achieve a healthier lifestyle.

- A. Yes
- B. No

Comments: \_\_\_\_\_

4. What did you like best about the challenge?

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5. What did you like least about the challenge?

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6. Did your leader do anything special to help keep the team involved?

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7. How can the challenge be improved?

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8. Other Comments continue on back:

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## Quotes For Leaders

Leaders have a significant role in creating the state of mind that is society.

John Gardner

Leadership: The art of getting someone else to do something you want done because he wants to do it.

Dwight D. Eisenhower

Honest differences are often a healthy sign of progress.

Mahatma Gandhi

The difference between a successful person and others is not a lack of strength, not a lack of knowledge, but rather in a lack of will.

Vince Lombardi

Excellence is to do a common thing in an uncommon way,

Booker T. Washington

Leaders continually learn

Are service orientated

They exercise for self-renewal

Radiate positive energy

Lead balanced lives

See life as an adventure

Are synergistic

Believe in other people



Leader Notes

